

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 761 Office of Registrar of Vital Statistics. Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 29. 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward Reily

Sex, ~~Male~~ or ~~Female~~, { Cross out the word not required in this line. }

Age, 1 Years, 14 Months, 14 Days

Color, Caucasian

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } ☒

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto Ind

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give Street and Number. } 317 St Paul St

Cause of Death, { First (Primary), Second (Immediate), } Convulsions

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, June 30th 1887

Undertaker, Geo. R. H. H. H. Thos. J. Ward M. D. Medical Attendant

Place of Business, City Hall Address, 605 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 762 Office of Registrar of Vital Statistics. Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.
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CERTIFICATE OF DEATH.

Date of Death, (Probably) June 28 - '89.

Full Name of Deceased, Ernest Meister {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 8 Years, _____ Months, _____ Days.

Color, Wht

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, _____

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City - Liep

Duration of Residence in the City of Baltimore, _____

Place of Death, {Give Street and Number.} Jones Falls near Granby St.

Cause of Death, {First (Primary), Asphyxia from drowning (accidental)
Second (Immediate), _____}

Duration of Last Sickness, 3 - 5 minutes

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, July 1, 1889.

{ Undertaker, John Herwig Alexander Hill, M. D. Medical Attendant.

{ Place of Business, 2008 Orleans St. Address, Coroner.

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 763 Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, June 29 1887

Full Name of Deceased, William Schwan {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 Years, 6 Months, Days

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, Ind {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 2204 East Fayette St

Cause of Death, {First (Primary), Second (Immediate),} Cholera Infantum

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, June 30 to 1887

{ Undertaker, John Hennig } M. D. Medical Attendant.

{ Place of Business, 2008 Orleans St } Address, Bdr Bm

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Permit No. 764 Office of Registrar of Vital Statistics. Ward 4th

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CERTIFICATE OF DEATH.

Date of Death, June 29 - 1887
Full Name of Deceased, George H. Jones
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }
Sex, Male or Female, Male
{ Cross out the word not required in this line. }
Age, 9 Months, — Days.
Color, maulatto
Married, Single, Widow or Widower, Single
{ Cross out the words not required in this line. }
Occupation, mil
Birth Place, Balto. County
{ State or country, and how long in the United States, if of foreign birth. }
Duration of Residence in the City of Baltimore, 8 moor
Place of Death, 815 Madison st.
{ Give Street and Number. }
Cause of Death, Cholera Infantum
{ First (Primary), Second (Immediate), }
4 weeks

Duration of Last Sickness, —
All the above information should be furnished by the Physician.
Place of Burial, Laurel Cemetery
Date of Burial, June 30. 1887
Undertaker, Wm. H. Hickman
Place of Business, 234 N. Gay Address, 4039 Cedar
M. D. Shutt
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm.1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 765 Office of Registrar of Vital Statistics. Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
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CERTIFICATE OF DEATH.

Date of Death, June 29/87
Full Name of Deceased, Hattie Mitchell
Sex, Male or Female, Female
Age, 12 Years, Months Days.
Color, red

Married, Single, Widow or Widower, ✓
Occupation, ✓

Birth Place, Maverley, Baltimore Md.

Duration of Residence in the City of Baltimore, 3 Months

Place of Death, 1435 Parushall

Cause of Death, Cholera Infantum

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, North Cemetery

Date of Burial, June 30 1887

Undertaker, W. H. Chase Geo W. Morris M. D.
(Medical Attendant.)

Place of Business, 441 Howard St Address, 1601 Prussman

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

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Health Department, City of Baltimore.

Permit No. 766 Office of Registrar of Vital Statistics. Ward 20th

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CERTIFICATE OF DEATH.

Date of Death, June 28

Full Name of Deceased, E. W. L. Casper
(Write legibly and spell correctly. If an Infant not named, give names of parents.)

Sex, Male or Female, Charlton
(Cross out the word not required in this line.)

Age, 5 Years, 5 Months, 5 Days.

Color,

Married, Single, Widow or Widower, V
(Cross out the words not required in this line.)

Occupation, Balt City

Birth Place, Balt City
(State or country, and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death, 32 - Little Malah st -
Cholera Infantum
(Give Street and Number.)

Cause of Death, 5 - days
(First (Primary), Second (Immediate),)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, June 30

Undertaker, Walter Immel H. J. Quack M. D.
Medical Attendant.

Place of Business, 594 W. Biddle Address,

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[OVER.]

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Health Department, City of Baltimore.

Permit No. 767 Office of Registrar of Vital Statistics.

Ward 14

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CERTIFICATE OF DEATH.

Date of Death, June 29 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sol. Hammerstongh

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 43 Years, _____ Months, _____ Days

Color, W

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Merchant

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1205 W Balto St

Cause of Death, { First (Primary), Second (Immediate), } Phthisis + Spinal Sclerosis
asthma

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Ches. Sholom

Date of Burial, June 30 1887

Undertaker, Henry H. Mears

J. E. Chataway M. D.

Medical Attendant.

Place of Business, #413 E. Fayette Address, 516 Park ave

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Health Department, City of Baltimore.

Permit No.

Office of Registrar of Vital Statistics.

Ward

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CERTIFICATE OF DEATH.

Date of Death, June 29th/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Lizzie Mack

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 0 0 Years, 6 Weeks Months, 0 Days.

Color, Dark Brown

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Balt city

Duration of Residence in the City of Baltimore, 6 Weeks

Place of Death, { Give Street and Number. } No 617 * Earlton st

Cause of Death, { First (Primary), Second (Immediate), } Hot weather Cholera Infantum

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Levee Cemetery

Date of Burial, June 30 1887

Undertaker, William H. Dango

Benj F. Bohner M. D.

Medical Attendant

Place of Business, 150 E. Pratt St

Address, Cor Mulberry & Green st

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 769 Office of Registrar of Vital Statistics. Ward 8th

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CERTIFICATE OF DEATH.

Date of Death, June 28th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Michael Mc Arty

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 65 Years, _____ Months, _____ Days

Color, White

~~Married, Single, Widow or~~ Widower, { Cross out the words not required in this line. } ✓

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, Don't know

Place of Death, { Give Street and Number. } Inst. Little Sisters of the Poor

Cause of Death, { First (Primary), Second (Immediate), } A Fall
Traumatic Jaundice

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemetery

Date of Burial, June 30, 1887

Undertaker, Daniel Flynn

Place of Business, 42.8. west st Address, No. Brooke Boyle D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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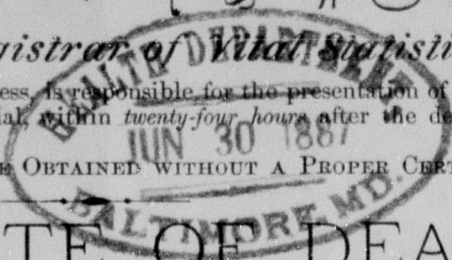
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 770 Office of Registrar of Vital Statistics. Ward 7th

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CERTIFICATE OF DEATH.

Date of Death, June 28th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Lee Adams

Sex, Male or Female, { Cross out the word not required in this line. }

Age, White Years, 5 Months, 5 Days.

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } ✓

Occupation, Baltimore

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 1310 N Dallas St

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, June 29/87

Undertaker, Wm S. Fay M. D.

Place of Business, 381 N Broadway Address, 800 N Broadway

Medical Attendant.

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